

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Marcie Finney</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 13 / 2014</b>		
Mailing Address 2508 College Ave			Amount <b>571.43</b>		
City Fort Worth	State TX	Zip Code 76110	Transaction ID : <b>SE.4695</b>		
Purpose of Expenditure Services for Printing and Design of Door Hanger		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 08 / 2014</b>		
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>57074.94</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Office Depot</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 18 / 2014</b>		
Mailing Address 6600 N Military Trail			Amount <b>14.63</b>		
City Boca Raton	State FL	Zip Code 33496	Transaction ID : <b>SE.5036</b>		
Purpose of Expenditure Supplies for Phone Centers		Category/Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>09 / 11 / 2014</b>		
Name of Federal Candidate WILLIAM CASSIDY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>58129.21</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>586.06</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y  
**09 / 20 / 2014**

Signature